# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public 817

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		the Treasury ue Service	► Go to www.irs.gov/F	curity numbers on this for Form990 for instructions at	m as it may b nd the latest	information.		Inspection			
A			lendar year, or tax year beginning		, and e						
B	Check if	applicable	C Name of organization America Fir	st Policies Inc.		D Employe	er identificat	tion number			
$\sqcup$	Address	change	Doing business as America First P		•						
$\Box$	Name ch	ange	Number and street (or P O box if mail is i	not delivered to street address)	Room/suite	81-513738					
$\equiv$		_	1400 Crystal Drive		<u> </u> 850	E Telephor	ne number				
닏	Initial reti	um	City or town Arlington	State VA	ZIP code 22202	(571) 348-	1801				
	Final return	v/terminated		gn province/state/county	Foreign postal	code					
	Amended	l return				G Gross re	ceipts \$	15,601,413			
Π.	Applicatio	on pending	F Name and address of principal officer		,	H(a) is this a group return	o for subporting	tes? Yes X No			
ш.	- гррпосоч	on pending	Bnan O. Walsh 1400 Crystal Dnve	Suite 850 Admoton VA	22202	H(b) Are all subordina		= =			
			<u> </u>	◀ (insert no ) 4947(a)(1)		If "No," attach a					
	Tax-exempt status 501(c)(3) X 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) or 527 If "No," attach a list. (see instructions)  Website: ► www.americafirstpolicies.org										
					<del></del>						
_		rganization		cation Other >	L Yea	er of formation 2017	M State	e of legal domicile VA			
E	art I		mmary								
•	1		escribe the organization's mission of			пса Fırst Policies і	is a non-p	rofit			
Activities & Governance			ation supporting key policy initiatives	that will work for all citize	ens in our						
Ĕ			and put Amenca first								
š	2		nis box 🕨 🔛 if the organization d	•	or disposed	of more than 25%	of its net	assets.			
<u>ن</u> مح	3		of voting members of the governing				3	3			
es -	4		of independent voting members of				4	3			
ş	5		mber of individuals employed in cal			•	5	16			
ŧ	6		mber of volunteers (estimate if nece				6				
•	7a		related business revenue from Part elated business taxable income from				7a 7b	0 10,189			
	<del>                                     </del>	ivet diffe	elated business taxable income from	1 T OHN 990-1, MIE 30		Prior Year	170	Current Year			
Revenue	8	Contribu	itions and grants (Part VIII, line 1h)				57,500	15,580,521			
	9		service revenue (Part VIII, line 2g)				0	0			
3V.	10	_	ent income (Part VIII, column (A), lir				0	20,892			
œ	11		venue (Part VIII, column (A), lines 5				0	0			
	12		enue-add lines 8 through 11 (must e		•	22,16	57,500	15,601,413			
	13	Grants a	and similar amounts paid (Part IX, co	olumn (A), lines 1-3)			0	1,188,000			
	14		paid to or for members (Part IX, co				0	0			
es	15		other compensation, employee benefit				55,500	1,412,284			
Expenses	16a		onal fundraising fees (Part IX, colur			46	60,000	352,857			
×	b	Total fur	ndraising expenses (Part IX, column	(D), In e 25)	629,675			<u> </u>			
ш	17		openses (Part IX, column (A), lines		· ·		3,295	14,733,352			
	18	Total exp	penses. Add lines 13–17 (must edu e less expenses. Subtract line 18 i	Part IX, column (A), line	725) (S)		28,795	17,686,493			
- 9	19	Revenue	e less expenses. Subtract line 18 in	₹ <del>1 "NOV 2 1 2019 -</del>	SO SO	7,93 Beginning of Curren	8,705	-2,085,080 End of Year			
Assets or	20	Total ac	sets (Part X, line 16) .	ή	RS		3,978	5,955,247			
Aese	21		bilities (Part X, line 26)	OGDEN, UT	<b>-</b> 3≃  ·		55,273	101,622			
Fund	22		ets or fund balances. Subtract line 2	Trom line 20			8,705	5,853,625			
	rt II		nature Block				,0,,001				
			, I declare that I have examined this return, in	duding accompanying schedules	and statements	and to the best of my k	nowledge				
and	belief, it i	s true corre	d, and complete Declaration of preparer (other	er than officer) is based on all info	rmation of which	preparer has any knov	vledge				
Sig	ın	n.		$\sim \sim \Lambda$			11	/15/2019			
He			Signature of officer	$\mathcal{O}(1)$		Date					
•••		1,500	Brian O Walsh	2 ( ) ( ) ( ) ( ) ( ) ( )	Pres	dent					
		_;	Type or print name and title	18		I Dete		L DOTAL			
D-:	:-1	Print	/Type preparer's name	Preparer's signature	2 000	Date	Check X	rf PTIN			
Pai	o eparer	long	athan T Proch, CPA	gonathan 7. Proc	7) (1.7)		self-employe				
He	e Only	√ Firm	s name > Jonathan T Proch LLC	CPA		Firm's EIN ▶	20-0762	207			
US	o Omi	02 Firm	's address ► 1 Research Ct., Ste 450			Phone no	301-253				
May	the IF		s this return with the preparer show		5).			Yes X No			
				<u></u>	-,						
ror	raper	work Redi	uction Act Notice, see the separate i	nstructions.				Form 990 (2018) 2			

	90 (2018)	America First Policies Inc	81-5137380	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	X
1	America	escribe the organization's mission First Policies is a non-profit organization supporting key policy initiatives that for all citizens in our country and put America first		
2	the prior	rganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?  describe these new services on Schedule O	Yes	X No
3	services'	rganization cease conducting, or make significant changes in how it conducts, any program  describe these changes on Schedule O	Yes	X No
4	Describe expenses	the organization's program service accomplishments for each of its three largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.		
4a	televisior grassroo support f confirma policies a	) (Expenses \$ 12,225,201 including grants of \$ 788,000 ) (Reversities to provide the provided extensive issue advocacy and grassroots mobilization, including advertising, digital advocacy, paid telephone calls and public opinion surveys and its advocacy to citizens throughout the United States advocating for, among other things, for the Tax Cuts and Jobs Act, the United States Mexico Canada Agreement (USMCA), also of Supreme Court Justice Kavanaugh, immigration reform, and other center-right and legislation.		
4b		) (Expenses \$ including grants of \$ ) (Reve		
4c	(Code	) (Expenses \$ including grants of \$ ) (Reve	nue \$	)

12,225,201

Total program service expenses

# **Checklist of Required Schedules**

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	]
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Ţ,
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ļ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<del>  '</del>		<del>  ^</del>
8	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<b>-</b>		ı î
,	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt		1	
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		_	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<b> </b>		.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>                                     </del>		
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.	l	
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17	v	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	Х	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	-	^
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	demostic government on Part IX, column (A) line 12 if "Ves." complete Schadule I. Parts I and II.	21	x l	

Form **990** (2018)

Par	Checklist of Required Schedules (continued)			
	(		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	l	1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		<u> </u>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ŀ	l	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		×
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a	<del> </del>	-^-
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		,
_	Schedule L, Part IV	200		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		×
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
29 20	Did the organization receive more than \$25,000 in hori-cash contributions? If res, complete schedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		┝
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization riquidate, terminate, or dissolve and cease operations? If Tes, complete schedule N, Fart F	<del>اٽ</del> ا		<del>  ^</del>
32	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2	<u> </u>	<del>  ^</del>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	<del>                                     </del>		
0-1	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 39			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1 I		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c	X	

Form **990** (2018)

Pari	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, -	Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			$\vdash$
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	X	┢
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Ta	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			-
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter	l		1
	Gross income from members or shareholders	I	- 1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources		,	İ
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	İ		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a h	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
		170	$\dashv$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year	15		X_
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes " complete Form 4720. Schedule O	1	ľ	

Part VI

America First Policies Inc 81-5137380

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sect	tion A. Governing Body and Management								
	,			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 3							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar			_					
	committee, explain in Schedule O		'	•					
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 3	٠ ،						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			٠				
	any other officer, director, trustee, or key employee?		. 2		Х				
3	Did the organization delegate control over management duties customarily performed by or under	the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint							
	one or more members of the governing body?	• •	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members								
-	stockholders, or persons other than the governing body?	,	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durina		.*	, .				
	the year by the following								
а	The governing body?		8a	$\overline{x}$					
b	Each committee with authority to act on behalf of the governing body?		8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached							
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	ď	Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode	)					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Χ				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	and the contract of the contra								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	Yes,"							
	describe in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13		_X_				
14	Did the organization have a written document retention and destruction policy?		14		<u> </u>				
15	Did the process for determining compensation of the following persons include a review and appro-		-		1				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?							
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>				
b	Other officers or key employees of the organization		15b	ļ	_X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		·	,.	,				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement							
	with a taxable entity during the year?	ļ	16a		<u> X</u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			1	- 1				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	guard							
	the organization's exempt status with respect to such arrangements?		16b						
	ion C. Disclosure	t							
17	List the states with which a copy of this Form 990 is required to be filed  See Attached States 6104 required on account to make its Forms 1033 (1034 or 1034 A if applicable) 990	<del>-</del>	11/6						
18									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply								
40	Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and								
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	_						
20	Also association	(571) 348-1801							
	the organization 1400 Crystal Dr Ste 850, Arlington, VA 22202	10. 17 0-10 1001							

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Thomas O Hicks, Jr	1 00									
Director, Chairman	1 00	Х								,
(2) Roy W Bailey	1 00									
Director	1 00	Х								
(3) Harold Hamm	1 00									
Director	0 00	Х								
(4) Brian O Walsh	32 85		Ī							
President	3 62			Х				216,669	23,331	5,989
(5) <sup>′</sup> Jonathan T Proch	20 19									
Secretary/Treasurer	11 38			Х				77,707	51,693	27,010
(6) Joseph Ahearn	23 74									
Director of Development	29 59					Х		75,811	107,550	24,695
(7) Erın Montgomery	26 40							,		
Director of Communications	18 19					Х		88,064	74,270	7,874
(8)										
(9)										
(10)										
(11)										
(12)										
(13)								-		
(14)										

Insperity

Convergence Media LLC

P	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated En	ployees (contin	ued)		
			(C)										
	(A)	(B)	(do r	ot ch		more	e than	one	(D)	(E)		(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation		Stimat Imount	
		week (list any			_	۵	을 뜻	ਹਾ	from	from related		other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	y en	npto,	Former	the organization	organizations (W-2/1099-MISC)		npensa from th	
		organizations below dotted	ctor t	iona		plo	è g		(W-2/1099-MISC)			ganıza nd rela	
		line)	ruste	trus	ĺ	ee	<del></del>					ganızat	
			Ď	tee		l	Highest compensated employee				ļ		
			<u> </u>	ļ		L		<u> </u>			ļ		
(15)													
(16)			<u> </u>							_,			
77.27													
(17)													
			ļ					<u> </u>		-			
(18)													
(10)	-			$\vdash$				$\vdash$					
(13)	·												
(20)										·			
(21)													
						_							
(22)													
(23)				$\vdash$		-	-						
-(													
(24)													
(25)						Ī							
45	Out 4441					<u> </u>	l	_	450.051	256 944			
1b c	Sub-total  Total from continuation sheets to Part VII, Se	action A						•	458,251 0	256,844 0		00	5,568 0
d	Total (add lines 1b and 1c)	ection A						•	458,251	256,844		65	5,568
2	Total number of individuals (including but not lir	mited to those lis	ted a	bov	e) v	vho	recei	ved					
	reportable compensation from the organization	<b>&gt;</b>			4				····				
										,		Yes	No
3	Did the organization list any <b>former</b> officer, dire			-	oye	e, c	r higi	nest	compensated				-5-
	employee on line 1a? If "Yes," complete Sched										3_		X
4	For any individual listed on line 1a, is the sum of									_			
	the organization and related organizations grea <i>individual</i>	ter than \$150,00	10.5 11	"Ye	S, " (	com	ipiete	Sc	neaule J for suci	7	4		
_							_+_d		nization or indiv	.dual		<del>  ^</del>	<u> </u>
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes	-			-			_		iduai	 5		- <del>-</del> -
Sect	ion B. Independent Contractors	os, complete oc	neau		101	300	ii pei	30//					
1	Complete this table for your five highest compe	nsated independ	lent c	ontr	act	ors	that r	ece	ived more than \$	100,000 of			
	compensation from the organization Report con	mpensation for t	he ca	lend	dar	yea	r end	ıng '	with or within the	organization's t	ax		
	year												
	(A) Name and business addr	ess							(B) Description of serv	rices C	(C omper	) isation	
NMP	PP LLC dba Red Eagle Med 815 Slaters Ln A		1D 22	314	<u> </u>			me	dia advocacy sei			4,245	719
	State Data and Digital 611 Pennsylvan					DC:	2000					1,676	
	t Strategies, Inc 4416 Wheeler A						_		nt services			1,487	

19001 Crescent Springs Dr Kingwood, TX 77339

PO Box 711024 Herndon, VA 20171

more than \$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received

1,412,060

1,233,585

employee leasing services

media advocacy services

18

Form **990** (2018)

Par	t VIII	Statement of Revenue Check if Schedule O contains	s a response or r	note to any line in	this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
es es	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
S, G	С	Fundraising events	<u>1c</u>	0				
Sifts lar /	d	Related organizations	1d	0				
ns, (	е	Government grants (contribution		0				1
er S	f	, 5 , 5		]	}			:
를 들		similar amounts not included abo		15,580,521				
Con	g	Noncash contributions included in	lines 1a–1f· \$	0				
	h	Total. Add lines 1a-1f	<del> </del>	Business Code	15,580,521			
une	2a				0		·	
ěve	b				0			1
ce F	C				o			
ervi	d			<del></del> -	0			
E S	e				0			
Program Service Revenue	f	All other program service revenu	ie		0	•		
Pro	g	Total. Add lines 2a-2f		<b>•</b>	0			
	3	Investment income (including div	vidends, interest,	and				}
		other similar amounts)	20,892			20,892		
	4	Income from investment of tax-e	xempt bond proc	ceeds ►	0			
	5	Royalties	() D I	(a) Paragrah	0			<u> </u>
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expensès	0	0				
	c d	Rental income or (loss)  Net rental income or (loss)		<u> </u>				
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory	0	0	·			
	b	Less cost or other basis						
		and sales expenses	0	0				
	C	Gain or (loss)	0	0				
	d	Net gain or (loss)		<b>&gt;</b>	0	<u> </u>		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c) a	0				
ţ		Less direct expenses	b	0				
٦		Net income or (loss) from fundra		<b>_</b>	0			
	9a	Gross income from gaming activ						
1		See Part IV, line 19 Less direct expenses	a b	0				
ļ		Net income or (loss) from gamin	_					<del> </del>
		Gross sales of inventory, less	g activities					
		returns and allowances	а	l ol				
	b	Less cost of goods sold	b	o				
	c	Net income or (loss) from sales	of inventory	<b></b>	0			
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	С				0			_
	d	All other revenue		L	0			
	е	Total. Add lines 11a–11d		▶	0			
	12	Total revenue See instructions			15 601 413	n	ì O	20 892

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	domestic governments See Part IV, line 21	1,188,000	1,188,000							
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22	0	•							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	425,824	235,739	139,077	51,008					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	. 0								
7	Other salaries and wages	986,460	767,194	104,339	114,927					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees)									
а	Management	0								
b	Legal	356,153	252,922	61,385	41,846					
С	Accounting	78,673		78,673						
d	Lobbying	10,656,013	10,656,013							
е	Professional fundraising services See Part IV, line 17	352,857			352,857					
f	Investment management fees	0								
g	Other (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O)	3,042,081	3,042,081							
12	Advertising and promotion	0								
13	Office expenses	59,292	.28,839	25,549	4,904					
14	Information technology	60,533	16,073	41,801	2,659					
15	Royalties	0								
16	Occupancy	204,165	144,988	35,189	23,988					
17	Travel	26,418	10,625	8,108	7,685					
18	Payments of travel or entertainment expenses	<u> </u>		<u> </u>						
	for any federal, state, or local public officials	0	1.150	007	00.007					
19	Conferences, conventions, and meetings	27,466	1,152	307	26,007					
20	Interest	_0								
21	Payments to affiliates	0	00.004	5.505	2.704					
22	Depreciation, depletion, and amortization	32,290	22,931	5,565	3,794					
23	Insurance	176,163	<del></del>	176,163						
24	Other expenses Itemize expenses not covered		į							
	above (List miscellaneous expenses in line 24e If									
	line 24e amount exceeds 10% of line 25, column									
_	(A) amount, list line 24e expenses on Schedule O )	14,105		14,105						
a	Various federal, state and local fees and taxes	14, 105		14,105						
b										
C C		- 0								
d	All other expanses									
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	17,686,493	16,366,557	690,261	629,675					
25	Joint costs. Complete this line only if the	17,000,433	10,000,007	030,201	029,010					
26	organization reported in column (B) joint costs									
	from a combined educational campaign and			1						
	fundraising solicitation Check here			·						
	following SOP 98-2 (ASC 958-720)									
	10110Willig 301 30-2 (A00 330-120)									

81-5137380

T GIIII 330 (2010)

Part X	Balance Sheet
гана	DAIAIILE JIIEEL

		Check if Schedule O contains a response or	note to	any line in this Part X			
				<u>.</u>	(A) Beginning of year		(B) End of year .
	1	Cash—non-interest-bearing			7,472,604	1_	5,547,709
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		0	4	150,603	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens			,		
		Complete Part II of Schedule L	0	5			
	6	Loans and other receivables from other disqualified person	nns (as c	defined under section	,		-
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e					
B	-	organizations (see instructions) Complete Part II of Sche	0	6			
Assets	7	Notes and loans receivable, net		0	_	0	
As	8	Inventories for sale or use			0	_	<del>-</del>
	9	Prepaid expenses and deferred charges			568,247	9	147,421
	10a	Land, buildings, and equipment cost or	1 1		555,217	<u> </u>	, -
	IVa	other basis Complete Part VI of Schedule D	10a	138,443			
	b	Less accumulated depreciation	10b	42,020	63,127	10c	96,423
	11	Investments—publicly traded securities	105	42,020	00,127		0
	12	Investments—publicly traded securities  Investments—other securities See Part IV, line	11		0		0
	13	Investments—program-related See Part IV, line			0	13	0
	14	Intangible assets	, 0	14	0		
	15	Other assets See Part IV, line 11		0		13,091	
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	8,103,978		5,955,247
	17	Accounts payable and accrued expenses		132,625	17	71,212	
	18	Grants payable	0	18	,		
	19	Deferred revenue	0	19			
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D	o	21	
Ś	22	Loans and other payables to current and former			'		
Liabilities		trustees, key employees, highest compensated			_	•	
Ē		disqualified persons Complete Part II of Schedi			0	22	
Ë	23	Secured mortgages and notes payable to unrela		rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelate	d third	parties	0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17–24	) Complete Part X			
		of Schedule D			32,648	25	30,410
	26	Total liabilities. Add lines 17 through 25			165,273	26	101,622
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ► X and			
es		complete lines 27 through 29, and lines 33 ar		_			
anc	27	Unrestricted net assets			7,938,705	27	5,853,625
ä	28	Temporarily restricted net assets			0	28	
P	29	Permanently restricted net assets	0	29			
5	1	Organizations that do not follow SFAS 117 (ASC958),	_	\$ <sup>8</sup>			
Ä		complete lines 30 through 34.	-	ì			
ts o	30	Capital stock or trust principal, or current funds			0	30	
Se	30 31	Paid-in or capital surplus, or land, building, or ea	משמווור	nt fund	0	<sup>-</sup> 31	<u> </u>
As	31 <sub>.</sub> 32	Retained earnings, endowment, accumulated in			0	32	
Net	³33	Total net assets or fund balances	JUI 110,	5. 5.1151 Turido	7,938,705	33	5,853,625
Net Assets or Fund Balances	<sup>1</sup> 34	Total liabilities and net assets/fund balances		ł	8,103,978	-	5,955,247
:					-1:1-:-		-,,-

orm 9	990 (2018) America First Policies Inc	8	31-5137380	Pa	ge <b>12</b>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,601	1,413
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,686	5,493
3	Revenue less expenses Subtract line 2 from line 1	3		-2,085	5,080
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,938	3,705
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,853	3,625
art	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			·	
1	Accounting method used to prepare the Form 990		- [	Yes	No
2a	'Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		$\overline{\mathbf{x}}$
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both				•
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	•	2c		×
3a	Schedule O  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

the Single Audit Act and OMB Circular A-133?

Form **990** (2018)

# SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2018

**Open to Public** Inspection

**Employer identification number** 

81-5137380

Department of the Treasury Internal Revenue Service

Name of organization

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Ame	erica First Policies Inc					81-5137380	
Pa		he organization is exempt und					
1	· ·	he organization's direct and indirect p	political campaign	activities in Part IV	(see inst	tructions for	
	definition of "political cam						
2	Political campaign activity	▶ \$ .					
3		cal campaign activities (see instructio		(-)(0)			0
		he organization is exempt und					
1		excise tax incurred by the organization			<b>&gt;</b> \$		
2	•	excise tax incurred by organization m	_		▶ \$ .		
3	•	ed a section 4955 tax, did it file Form	4720 for this year	,		Yes	∐ No
4a	Was a correction made?					Yes	∐ No
	If "Yes," describe in Part			(-)	<b>504</b> /	(-)(2)	
Pa		he organization is exempt und			on 501	(C)(3).	
1		expended by the filing organization f	for section 527 exe	empt function	<b>~</b> •		4 000 450
_	activities		44l		▶ ⊅ _		4,002,153
2	527 exempt function activ	iling organization's funds contributed	to otner organizati	ons for section	▶ \$		
2	•	penditures Add lines 1 and 2 Enter h	sere and on Form	1120-POI	Ψ.		
3	line 17b	Deficitures Add lines I and 2 Enter I	iere and on i onn	1 120-F OL,	<b>▶</b> \$		4,002,153
4		file Form 1120-POL for this year?			ν.	X Yes	No No
5		ses and employer identification numb	er (FIN) of all sect	ion 527 political or			
3		ents For each organization listed, en					
	the amount of political col	ntributions received that were prompt	tly and directly deli	vered to a separat	e political	l organization, si	uch
	as a separate segregated	I fund or a political action committee	(PAC) If additiona	I space is needed,	provide i	nformation in Pa	art IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of	political
	(a) Name	(5) / (33.030	(4) =	filing organization	on's	contributions red	ceived and
				funds If none, ent	er -u-	promptly and delivered to a	
						political organi none, ente	
						none, eme	
(4)					1		
(1)							
(2)							
(3)							
(4)			,		J		
(5)							
/E\							
(6)							

Sch	nedule C (Form 990 or 990-EZ) 2018					Page <b>2</b>
Р	art II-A Complete if the organization	on is exemp	t under section (	501(c)(3) and filed	Form 5768 (elec	tion
	under section 501(h)).	_				
Α	Check ▶ ☐ If the filing organization b	elongs to an	affiliated group (a	and list in Part IV e	ach affiliated grou	p member's
	name, address, EIN, exp					
В	Check ▶ if the filing organization of	hecked box	A and "limited cor	ntrol" provisions ap	ply	
	Limits on Lob				(a) Filing	(b) Affiliated
	(The term "expenditures" r			·	organization's totals	group totals
1a	Total lobbying expenditures to influence pu					0
b	Total lobbying expenditures to influence a	-	(direct lobbying)			0
C	Total lobbying expenditures (add lines 1a a	and 1b)			0	0
d	Other exempt purpose expenditures	4 4.4\			0	0
e	Total exempt purpose expenditures (add line Lobbying nontaxable amount. Enter the arm			th	U	
f	columns	lount from the	ionowing table in bo	· · · ·	o	0
	If the amount on line 1e, column (a) or (b) is	: The lobby	ing nontaxable amo	unt is:		<u> </u>
	Not over \$500,000		amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 p	lus 15% of the excess	s over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	<del></del>	lus 10% of the excess			ł
	Over \$1,500,000 but not over \$17,000,000		lus 5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% Subtract line 1g from line 1a. If zero or less				0	0
h i	Subtract line 1g from line 1a 11 zero or less.  Subtract line 1f from line 1c If zero or less,				0	0
i	If there is an amount other than zero on eit		ne 1ı dıd the organi	ı 1721 ızatıon file Form		
,	section 4911 tax for this year?		ino in, and and organi		-	Yes No
		Year Averagir	ng Period Under Se	ection 501(h)		
	(Some organizations that made a				f the five columns b	elow.
			structions for lines			
	Lobby	ing Expenditu	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)					
	<u> </u>					
2a	Lobbying nontaxable amount			o	o	0
b	Lobbying ceiling amount	•				_
	(150% of line 2a, column(e))	τ			*	0
С	Total lobbying expenditures			ا	٥	0
	Crossesta postavable amount			†		<u> </u>
d	Grassroots nontaxable amount			0	0	. 0
е	Grassroots ceiling amount (150% of line 2d, column (e))			-		0
f	Grassroots lobbying expenditures					0

Schedule C (Form 990 or 990-EZ) 2018

Påi	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	For	m 576	8	-
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	cription of the lobbying activity	Yes	No	4	Amoun	t
· 1	During the year, did the filing organization attempt to influence foreign, national, state, or local		,			
	legislation, including any attempt to influence public opinion on a legislative matter or		*	•		
	referendum, through the use of			-	•	
a	Volunteers?	<u> </u>		^	•	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u> </u>		
C	Media advertisements?					
d	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?	$\vdash$				
e f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u></u>		L		-
Par	Complete if the organization is exempt under section 501(c)(4), section 501	(C)(5),	ors	ectior	ı	
	501(c)(6).				Yes	No
4	Wass substantially all (00% or mars) dues recoved pendeductible by members?			1	Tes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<del>                                     </del>	
3	Did the organization make only in-riouse lobbying expenditures of \$2,000 or less.  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.	ear?		3	+	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is
1	Dues, assessments and similar amounts from members		1	<u> </u>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
_	political expenses for which the section 527(f) tax was paid).					
a	Current year Carryover from last year		2a 2b			
b	Total	}	2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			_		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), P	art II	A, lines	1 and	t
•	e instructions), and Part II-B, line 1 Also, complete this part for any additional information					:
Part	-A Line 1 - America First Policies expended a portion of its funds on political campaign					
actıvı	ties, as defined by the Internal Revenue Service, including running television and digital					
adve	rtisements, conducting public opinion research, and making grants to other organizations for					<b>-</b> -
politic	cal activities					•
JE 51111						
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<b>-</b>	,					

Amer	rica First Policies Inc	81-5137380	
Part IV	Supplemental Information (continued)	Page	4
raitiv	Supplemental information (continued)		_
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

So to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

America First Policies Inc.  Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of end of year 5 Did the organization from all donors and donor advisors in writing that the assets held in donor advised funds are the organization in and all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in an all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  Complete if the organization answered "Yes" on Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of the for public use (e.g., recreation or education)  Preservation of sural habitat  Preservation of the static day of the tax year 1 total number of conservation easements 1 Total acreage restricted by conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement or organization easements 3 Total number of conservation easements included in (a) 4 Number of conservation easements included any conservation easements 5 Total acreage restricted by conservation easements 7 Number of conservation easements included any conservation easements included in (a) 4 Number of states where properly subject to conservation easement is located  Number of organization have a writen policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the	Name of the organization Employer identification number					
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6  1 Total number at end of year 2 Aggregate value of contributions to (dumg year) 3 Aggregate value of organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefits?  Part II Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7  1 Purpose(o) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation on the last day of the tax year a Total number of conservation easements  Complete ines 2a through 2d if the organization held a qualified conservation on the form of a conservation easements  Complete ines 2a through 2d if the organization held a qualified conservation on the form of a conservation easements.  Complete ines 2a through 2d if the organization held a qualified conservation on the form of a conservation easements.  Complete ines 2a through 2d if the organization held a qualified conservation on the form of a conservation easements.  I held at the End of the Tax Year a Total number of conservation easements.  Complete ines 2a through 2d if the organization held a qualified conservation on the form of a conservation easements.  I have a preservation of conservation easements.  I have a preservation of conservation easements.  I have	Amer	ica First Policies Inc		81-5137380		
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1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grains from (during year) 5 Did the organization from all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?    No						
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bit the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part   Conservation Easements.	•					
only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part     Conservation Easements.	6					
conferring impermissible private benefit?    Part     Conservation Easements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 7    Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of an Instorically important land area   Protection of natural habitat   Preservation of a persist protection of natural habitat   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation of open space   Complete lines 2 at through 2 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   Notal number of conservation easements   2a   Number of conservation easements   2b   Number of conservation easements on a certified historic structure included in (a)   2c   Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   No   No   No   No   No   No   No   N	Ü					
Complete if the organization answered "Yes" on Form 990, Part IV, line 7    Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Protection of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   Petel at the End of the Tax Year   A total number of conservation easements   Preservation		· · · · · · · · · · · · · · · · · · ·	Tell of the defici of defici davider, or le			
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Protection of natural habitat	1			Annual for the control of the contro		
Preservation of open space		Preservation of land for public use (e.g., re	· 🛁	• •		
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a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where properly subject to conservation easement is located Number of states where properly subject to conservation easement is located Number of states where properly subject to conservation easement is located Number of states where properly subject to conservation easement is located Number of states where properly subject to conservation easement is located Number of states where properly subject to conservation easement is located Number of states where properly subject to conservation easements in located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other simi		· · · · · · · · · · · · · · · · · · ·	·			
C Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	а	· · · · · · · · · · · · · · · · · · ·		2a		
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Nomount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  No lose each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? □ Yes □ No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  Part III ○ Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education	С	Number of conservation easements on a certif	ied historic structure included in (a)	2c		
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	d			a		
Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No  Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No  In part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other sim		historic structure listed in the National Register		2d		
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  1		<b>•</b>				
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	а	· · · · · · · · · · · · · · · · · · ·	The state of the s	▶ \$		
		· · · · · · · · · · · · · · · · · · ·		<b>▶</b> \$		

Sched	lule D (Fǫrm 990) 2018 America First Polic	was Inc			81-51373	380 Page 2	2
	t III Organizations Maintaining		t Historical Tre	asures, or Othe			=
3	Using the organization's acquisition, a						-
-	collection items (check all that apply)	, ,		J	J		
а	Public exhibition		d Doan or	r exchange program	ıs		
b	Scholarly research		e Other				
С	Preservation for future generation	s					
4	Provide a description of the organizati		explain how they fi	urther the organizat	ion's exempt purpos	se in Part	
•	XIII		олр.ш.,о.,				
5	During the year, did the organization s assets to be sold to raise funds rather					Yes No	
Part	Complete if the organization a 990, Part X, line 21		n Form 990, Par	t IV, line 9, or rep	orted an amount	on Form	_
1a	Is the organization an agent, trustee, or included on Form 990, Part X?	custodian or other in	termediary for cont	ributions or other as	ssets not	Yes No	
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the following table	-	•		_
					<del>-  </del>	mount	_
C	Beginning balance				lc		<u>0</u>
d	Additions during the year				ld	<del></del>	_
e	Distributions during the year				le 1f		<u> </u>
f	Ending balance	. =			•		_
2a	Did the organization include an amour					Yes X No	
b	If "Yes," explain the arrangement in Pa	art XIII Check here i	f the explanation h	as been provided o	n Part XIII		_
Part		1 115 4 11	E 000 D	. IV. 1 40			
	Complete if the organization a				(d) Three warm had	(a) Faurusara hasir	_
4.	Paginning of year halance	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back	-
1a b	Beginning of year balance Contributions	<u>_</u>					-
C	Net investment earnings, gains,						-
·	and losses						
d	Grants or scholarships						_
е	Other expenditures for facilities						_
	and programs						_
f	Administrative expenses						_
g	End of year balance	0]	0	0	0	(	<u>2</u>
2	Provide the estimated percentage of the			olumn (a)) held as	•		
а	Board designated or quasi-endowmen		%-				
b	Permanent endowment	<u></u>					
С	Temporarily restricted endowment	%	0/				
20	The percentages on lines 2a, 2b, and			hold and administs	ared for the		
3a	Are there endowment funds not in the organization by	possession or the or	ganization that are	india ana aamiiniste	area ioi tiic	Yes No	-
	(i) unrelated organizations				1	3a(i) 100	-
	(ii) related organizations					3a(ii)	-
b	If "Yes" on line 3a(ii), are the related o	rganizations listed a	s required on Sche	dule R?		3b	_
4	Describe in Part XIII the intended uses	-					_
Part							
	Complete if the organization a	answered "Yes" o	n Form 990, Part	IV, line 11a See	Form 990, Part X	<, line 10	_

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	64,934	21,721	43,213
d	Equipment	0	36,043	9,608	26,435
е	Other	0	37,466	10,691	26,775
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X,	column (B), line 10c)	▶	96,423

Part VII		d 111/2 - 11 F 000	Dod IV Inc. 445 Co., Form 000 Dod V Inc. 42
			Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	derivatives	0	
	held equity interests	0	
(B)			
(C)	<del></del>		
	·		
		<u>.</u>	
(F)	·	-	
(G) (H)		,	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII			
I all VIII		d "Yes" on Form 990	Part IV, line 11c See Form 990, Part X, line 13
			(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	0	
Part IX	Other Assets.		
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d See Form 990, Part X, line 15
	(a) De	scription	(b) Book value
_(2)			
(3)			
_(4)			
(5)			
(6)		<del></del>	
(9)	ma (h) must a suel Farm 000 Best V cal (B) to	- 4E \	<b>&gt;</b>
	mn (b) must equal Form 990, Part X, col (B) line	9 10)	<u> </u>
Part X	Other Liabilities.	d "Voo" on Form 000	Part IV, line 11e or 11f See Form 990, Part X,
	line 25	a res on Form 990,	Partiv, line Tie of Til See Form 990, Part A,
1.	(a) Description of liability	(b) Book value	
	income taxes	0	
(2) Deferre		30,410	
(3)			
(4)		,	
(5)			
(6)			Ì
(7)			<u> </u>
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	30,410	
2. Liability for	r uncertain tax positions. In Part XIII, provide the	text of the footnote to the or	rganization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Pa		ao por rectarin	
1	Total revenue, gains, and other support per audited financial statements	artiv, inte iza	1	15,601,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			15,001,410
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	<del></del>  ·	
d	Other (Describe in Part XIII )	2d		
	Add lines 2a through 2d		2e	C
3	Subtract line 2e from line 1		3	15,601,413
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	r	
	Investment expenses not included on Form 990, Part VIII, line 7b	`4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	)	5	15,601,413
Part	XII Reconciliation of Expenses per Audited Financial Stateme		ses per Return.	, ,
	Complete if the organization answered "Yes" on Form 990, Pa	•	•	•
1	Total expenses and losses per audited financial statements	•	1	17,686,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		•
	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d	, ,	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	17,686,493
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a ်		
b	Other (Describe in Part XIII )	4b	<u>;</u>	
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8)	5	17,686,493
Part	XIII Supplemental Information.			
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p		nal information	
should	ne Taxes That standard prescribes a comprehensive model for how an organized measure, recognize, present and disclose in its financial statements uncertain	zation in tax		
should		zation in tax		
should	d measure, recognize, present and disclose in its financial statements uncertainns that an organization has taken or expects to take on a tax return	zation in tax		
positio	d measure, recognize, present and disclose in its financial statements uncertai	zation in tax		
should	d measure, recognize, present and disclose in its financial statements uncertainns that an organization has taken or expects to take on a tax return	zation in tax		
should	d measure, recognize, present and disclose in its financial statements uncertainns that an organization has taken or expects to take on a tax return	zation in tax		
should	d measure, recognize, present and disclose in its financial statements uncertainns that an organization has taken or expects to take on a tax return	zation		
should	d measure, recognize, present and disclose in its financial statements uncertaing that an organization has taken or expects to take on a tax return	zation		,
should	d measure, recognize, present and disclose in its financial statements uncertainns that an organization has taken or expects to take on a tax return	zation		,

Schedule D (For		America First Policies Inc	81-5137380	Page <b>5</b>
Part XIII	Suppleme	ntal Information (continued)		
•				
·				
		••••••		
•••••				
	*******		**********	
		(		
••••				
				_
				<b>-</b>

## SCHEDÙLE G (Farm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Go to www irs.gov/Form990 for instructions and the latest information.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Employer identification number Name of the organization 81-5137380 America First Policies Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants а Mail solicitations Internet and email solicitations Solicitation of government grants b X Phone solicitations Special fundraising events c d X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (or retained by) (i) Name and address of individual (ii) Activity custody or control of (or retained by) fundraiser listed in from activity or entity (fundraiser) contributions? organization col (ı) Yes No 1 Mason Strategies LLC consulting 110,000 611 Pennsylvania Ave SE 385 Washington Х 2 MO Stategies, Inc. consulting 0 110,000 PO Box 4 Westfield IN 46074 Х 0 3 Fundraising Solutions various Х 1,000,000 70,057 1505 Elm St 1402 Dallas TX 75201 929,943 4 Melange Enterprises, Ltd various Х 250,000 17,500 374 E Samuelsen Dr Edgerton WI 53534 232,500 5 0 0 0 6 0 0 0 0 0 0 0 0 0 0 0 0 10 0 1,250,000 307,557 1,162,443 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AK, AL, AR, CO, CT, FL, GA, IL, KS, KY, LA, MD, ME, MN, MO, MS, NC, ND, NH, NJ, OH, OK, OR, PA, RI, SC , TN, UT, VA, WA, WI, WV

	•	more than \$15,000 of f	_		come on Form 990-EZ,	lines 1 and 6b List
		events with gross recei	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
4			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			0	
œ	2	Less Contributions Gross income (line 1 minus			0	C
		line 2)			0	0
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
enses	6	Rent/facility costs			0	0
Ĕ	7	Food and beverages			0	0
Direct Expenses	8	Entertainment			0	0
	9	Other direct expenses			0	0
,	10 11	Direct expense summary Add Net income summary Subtract				( 0) 0
Pa	rt III		ne organization answe	red "Yes" on Form 99	0, Part IV, line 19, or re	
		than \$15,000 on Form	990-EZ, line 6a	T	T 1	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				0
es	2	Cash prizes				0
Direct Expenses	3	Noncash prizes				0
rect E	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes %	☐ Yes <u>%</u> No	
	7	Direct expense summary Add	d lines 2 through 5 in colu	ımn (d)	•	( 0)
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)	•	0
	a Is b If	nter the state(s) in which the org the organization licensed to co 'No," explain	ganization conducts gami	ing activities n each of these states?		Yes No
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain					
		<del></del>		<del></del>	<u> </u>	

11. Does the organization conduct gaming activities with nonmembers?  12. Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other ent formed to administer chantable gaming?  13. Indicate the percentage of gaming activity conducted in a The organization's facility  14. An outside facility  15. Enter the name and address of the person who prepares the organization's gaming/special events bool records  16. Name ►  17. Address ►  18. Does the organization have a contract with a third party from whom the organization receives gaming revenue?  18. If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and amount of gaming revenue retained by the third party  18. Name ►  19. Address ►  19. Address ►  19. Address ►  10. Gaming manager information	Yes No  13a % 13b % ks and  Yes No
formed to administer charitable gaming?  13 Indicate the percentage of gaming activity conducted in a The organization's facility b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events bool records  Name   Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization for amount of gaming revenue retained by the third party   15	Yes No  13a % 13b % ks and  Yes No
a The organization's facility b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events bool records  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and amount of gaming revenue retained by the third party  c If "Yes," enter name and address of the third party  Name ▶  Address ▶	ks and  Yes No
b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events book records  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and amount of gaming revenue retained by the third party  c If "Yes," enter name and address of the third party  Name ▶  Address ▶	ks and  Yes No
Enter the name and address of the person who prepares the organization's gaming/special events book records  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization  \$\begin{align*} \square 0 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes No
Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and amount of gaming revenue retained by the third party ► \$ 0  c If "Yes," enter name and address of the third party  Name ►  Address ►	Yes No
Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Yes No
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Yes No
revenue?  b If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and amount of gaming revenue retained by the third party \$ 0  c If "Yes," enter name and address of the third party  Name   Address	the
amount of gaming revenue retained by the third party ▶ \$ 0  c If "Yes," enter name and address of the third party  Name ▶  Address ▶	
c If "Yes," enter name and address of the third party  Name ▶  Address ▶	
Name ▶	
Address ▶	
Address ▶	
Name ▶	
Gaming manager compensation   \$ 0	
Description of services provided •	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	
and any the protect management to a management of the contract	Yes No
retain the state gaming license?	is or
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	_
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columnated Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional provides and the second provides and the second provides and the second provides and the second provides and the second provides and the second provides are second provides and the second provides and the second provides are second provides are second provides and the second provides are second provides are second provides and the second provides are second provides are second provides are second provides and the second provides are secon	umns (III) and (v), and
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columnated Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columnated Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional provides and the second provides and the second provides and the second provides and the second provides and the second provides and the second provides are second provides and the second provides and the second provides are second provides are second provides and the second provides are second provides are second provides and the second provides are second provides are second provides are second provides and the second provides are secon	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columnated Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional See instructions	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional See instructions	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colupart III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional See instructions	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional See instructions	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	umns (III) and (v), and Ional Information
b Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	umns (III) and (v), and Ional Information

# SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

information	
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for the	
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o to w	
Ö	

OMB No 1545-0047

Employer identification number 81-5137380 X Yes No

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance Partl

America First Policies Inc

Department of the Treasury Internal Revenue Service Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

233, 1 artiv, inte 2 1, 101 any recipient triat received	باتات الاناب		Hore triair \$3,000 r	ait ii caii be aubiic	more triail \$2,000 I art il call be auplicated il additional space is liceded	ce is liceacd	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Americans for Limited Government 10332 Main St 326 Fairfax, VA 22030	36-3975580	501 c 4	100,000				Issue support
(2) American Advancement, Inc PO Box 191 Hyattsville, MD 20781	82-4871132	501 c 4	400,000				General support
(3) 4th Estate Fund 1800 Diagonal Rd 280 Alexandria, VA	52-2166327	501 c 3	250,000				General support
(4) Urban Revitalization Coalition, Inc. 3128 Mayfield Rd Cleveland Heights, 6	82-1952477	501 c 3	238,000				General support
(5) The 45 Alliance 200 Lawyers Rd 416 Vienna, VA 2218	83-1439736	501 c 4	150,000				Issue support
(6) Turning Point USA 4940 E Beverly Rd Phoenix, AZ 85044	80-0835023	501 c 3	20,000				General support
. (2)							
(8)							
(6)							
(10)							
(11)							
(12)				,			
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>.3 Enter total number of other organizations listed in the line 1 table</li> </ul>	501(c)(3) and g	overnment organiza	tions listed in the line 1	table		<b>A A</b>	8
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

81-5137380

America First Policies Inc

Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 grant funds were spent In addition, the organization's officers have regular communications with grantees with respect to the use of (e) Method of valuation (book, FMV, appraisal, other) Part I Line 2 - America First Policies requires that all grantees sign an agreement confirming that all grant funds will be expended only for the approved purpose and activities, and requiring that all grantees provide the organization with a report detailing how the (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance grant funds Part III Part IV 8 က 2 9 4

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
►Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

81-5137380 America First Policies Inc. **Questions Regarding Compensation** Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items X First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Х Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Χ 1a? indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4a Х Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х h Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of 5a The organization? Χ 5b Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Χ 6b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 payments not described on lines 5 and 6? If "Yes." describe in Part III Were any amounts reported on Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe 8 in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	listed II	ndividual must equal t	he total amount of Fo	ırm 990, Part VII, Sec	tion A, line 1a, applica	ble column (D) and (6	E) amounts for that in	dividual
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Betrement and	oly Montavable	(E) Total of columns	(E) Comparation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable	other deferred	benefits	(B)(I)-(D)	n column (B) reported as deferred on prior Form 990
				Companisation				
Brian O Walsh	Ξ	216,669				5,407	222,076	
1 President	(ii)	23,331			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	582	23,913	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Jonathan T Proch	Θ	65,707	12,000			16,220		
2 Secretary/Treasurer	(ii)	51,693		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10,790	62,483	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Joseph Ahearn	Θ	50,811	25,000			10,210		
3 Director of Development	(ii)	107,550				14,485	122,035	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Erin Montgomery	(9)	74,064	14,000			4,272		
4 Director of Communications	(ii)	. 74,270				3,602	77,872	# # # # # # # # # # # # # # # # # # #
	Θ							
5	(ii)		11 11 11 11 11 11 11 11 11 11 11 11 11					
	(i)							
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16	⊞							
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 America First Policies Inc	81-5137380 Page 3
B #L	Part II Also complete this part
Part I Line 1a All directors are eligible for first class travel and one director utilized first class travel which was not	
treated as taxable compensation	
Part I Line 7 Discretionary bonus paid to employees as shown in Part II column B (ii)	
	Schedule J (Form 990) 2018

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 (0)Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

81-5137380 America First Policies Inc Form 990, Part III, Line 4 Program services reported in this section do not include expenses for political campaign intervention or other activities of the organization that do not directly further its purposes according to current IRS guidance. In contrast, some such expenses are reported as "program service" expenditures rather than management or fundraising expenditures in Part IX, given the slightly broader definition of program service there Form 990, Part V, Line 2a The organization contracted with a third-party corporation to provide staffing services, and that third-party corporation was the employer who handled payroll taxes and provided W-2s to staff members. The number of employees reported here is the number of staff members provided by the third-party corporation Form 990, Part VI, Section A, Line 3 The organization used Insperity, a third-party employee leasing company, but all significant decisions remained under the control of the organization's officers and directors. Amounts paid to Insperity for the organization's staff are reported in aggregate in Part VII B, and to the extent attributable to particular employees it is also reported in Part VII A Form 990, Part VI, Section A, Line 8b. The organization did not have any committees Form 990, Part VI, Section B, Line 11a The Form 990 is reviewed by the President of the organization in consultation with accounting and legal professionals as appropriate Thereafter, a penultimate draft and then a final copy is circulated to all of the members of the organization's governing body prior to filing. The penultimate draft and the final copy both include the full Form 990 submitted to the IRS, except for confidential portions (which are available for members of the governing body to review on premises) Form 990, Part VI, Section B, Line 12c The organization asks board members, officers, and key employees annually to disclose interests that may give rise to potential conflicts of interest under the Conflicts of Interest Policy. It does so in conjunction with asking for information about arrangements that may need to be disclosed on the Form 990

Name of the organization	81-5137380
Åmerica First Policies Inc	[61-5137360
comparable organizations to determine appropriate general compensation levels for the	
President For other employees, the President reviews compensation for similar work at peer	
institutions to determine compensation levels. The President reviews and approves all staff	
compensation	
Form 990, Part VI, Section C, Line 17 The organization is a social welfare organization and	
is not a charitable organization under the definition of many state statutes. The organization	
therefore does not register under state laws pertaining to charitable solicitation or similar	
laws except where it determines that state law is meant to apply to social welfare	
organizations	
Form 990, Part VI, Section C, Line 19 The organization does not provide copies of its	
governing documents, conflict of interest policy or financial statements to the public	
However, financial statements are provided to certain states where required for solicitation	
registration purposes	
Form 990, Part VII, Section A, As noted previously, the organization's staff were employed by	
a third party employee leasing company rather than being employed directly by the	
organization. However, per the instructions, as the common law employer of these employees,	
the organization has reported their compensation in Part VII as if it employed them directly	
Amounts reported in columns (D) and (F) represent the organization's third party staffing	
company's estimates of the amount of its charge to the organization allocable to employee	
compensation and employee benefits, respectively. That charge may not correspond to amounts	
actually paid to the individuals by the employment company	
Form 990, Part IX, Line 11g Media services \$2,763,048, Survey and Research \$279,033	
	- ,
	<del></del>
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

America First Policies Inc

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

OMB No 1545-0047	Open to Publicaling Inspection
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Employer identification number

81-5137380

Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	te if the organization	answered "Yes"	on Form 990, Pa	rt IV, line 33			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(the Populary	(b) Pnmary activity Legal	(c) Legal domcile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	gullo
(1)								
(2)								]
(3)								
(4)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ı					
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had iring the tax year	e organization a	nswered "Yes" or	Form 990, Par	t IV, line 34 bed	cause it h	ad
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) S Direct controlling entity		(g) Section 512(b)(13) controlled entity?
							Yes	No
(1) America 1400 Crysta	(1) America First Action, Inc 82-1167449 1400 Crystal Drive Ste 850 Arlington, VA 22202	political	VA	527		N/A		×
(5)					i			
(3)								
(4)								
(5)								
(9)								
(7)							-	
For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for Form 990	0.				Schedule F	Schedule R (Form 990) 2018	0) 2018

Percentage ownership 3 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part General or managing partner? ž Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? Yes No IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-of-year assets (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year Predominant income (related, unrelated, tax under sections 512-514) excluded from (d)
Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Part IV <u></u> € 2 9 0 3

(ı) Section 512(b)(13) controlled ž Yes (h) Percentage ownership end-of-year assets (g) Share of (f) Share of total income (e)
Type of entity
(C corp., S corp., or trust) (d)
( Direct controlling entity (c)
Legal domicile
(state or foreign country) Primary activity (a) Name, address, and EIN of related organization Ç (2) (6) Ξ, € 3 9

Schedule R (Form 990) 2018

Page 3

Schedule R (Form 990) 2018

# Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Parts II, III, or IV of this schedule		h 1		Yes	8 N
1 During the tax year, did the organization	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	izations listed in Parts	- \c\		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>	ted organization(s)	-			1b ×	
c Gift, grant, or capital contribution from related organization(s)	elated organization(s)			l	10	×
d Loans or loan guarantees to or for related organization(s)	ed organization(s)			I	1d	×
e Loans or loan quarantees by related organization(s)	lanization(s)			<u> </u>	10	×
				1	2	<u> </u>
f Dividends from related organization(s)				•	1	×
g Sale of assets to related organization(s)				<u> </u>	1g	×
	ation(s)				†	×
<ul> <li>Exchange of assets with related organization(s)</li> </ul>	ation(s)		,	L ,	;=	×
j Lease of facilities, equipment, or other assets to related organization(s)	issets to related organization(s)		,		1j	×
k Lease of facilities, equipment, or other assets from related organization(s)	issets from related organization(s)			1	<u> </u>  ≠	×
l Performance of services or membership	Performance of services or membership or fundraising solicitations for related organization(s)				1	×
<b>m</b> Performance of services or membership	Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n Sharing of facilities, equipment, mailing li	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	organization(s)			<u>                                       </u>	10 ×	
b Reimbursement haid to related organization(s) for expenses	ntion(s) for expenses			•	1 5	\ <u>\</u>
Reimbursement baid by related organization(s) for expenses	ation(s) for expenses			1	2 5	×
				1	<u> </u>	\ <u></u>
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>	ated organization(s)			ī Į	1-	×
S	elated organization(s)		į		18	×
2 If the answer to any of the above is "Yes," see the instructions	s," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	omplete this line, includ	ding covered relationsh	ips and transaction t	hresholds	
Telen to emen	(a) Name of related omanization	(b) Transaction	(c)	(d)  Method of documentation of bodiesis		TO CO
		type (a—s)			g arricount inv	0000
(1) America First Action, Inc			574,659	See Part VII		
(2)						
			5			
(3)						
(4)						
(5)						
(9)						
_				Schedule R (Form 990) 2018	R (Form 99	30) 2018

81-5137380

Part VI

# Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37

)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	(4)	(9)	(P)	3	-	9	20	3	3	3	1
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	nant lated, xcluded inder	Are all partners section 501(c)(3) organizations?	artners on (3) tions?	Share of total income	of ear s	Disproportionate allocations?	Code amoun of Sch (Fon	Ger pa	Percentage ownership
			sections 312-314)	Yes	2			Yes	1	Yes	
(1)											
(2)									į		
(3)											
(4)									,		
(5)											
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(1)						,			,		
(8)											
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(10)											
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(16)											
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Schedule R (Form 990) 2018

Schedule R (Ed	rm 990) 2018 America First Policies Inc 8	1-513/380	Page 3
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions	 S	
Part V Line	2 - The organization shared some staff with America First Action, Inc. a related		
	During the tax year such staff were employed directly by the organization, and	, = = = = = = = = = = = = = = = = = = =	
	wasking for each assessment was tracked. The organization disastly paid wages		
	to America First Action, Inc. of \$461,005. In addition, the chared employees used		
	requirement of the organization. The organization estimated that everthead attributable		
	off working for America First Action. Inc. and some other shared expenses was	, .	·
	aff working for America First Action, Inc. and some other shared expenses was		
\$112,664	······································		
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